App. No. 10/716,802 Amdt. Dated December 29, 2004 Reply to Office Action of October 5, 2004 Atty, Dkt. No. 8591-111

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

GIRALDIN, ET AL.

Title:

CASHLESS SPENDING SYSTEM AND

METHOD

Appl. No.:

10/716,802

Filing

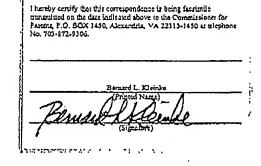
November 18, 2003

Date:

Examiner: Daniel A. Hess

Art Unit:

2876



## REPLY AND AMENDMENT

Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on October 5, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 11 of this paper.

PAGE 4/14 \* RCVD AT 12/29/2004 7:27:22 PM [Eastern Standard Time] \* SVR:USPTO 在FXRF-1/0 \* DNIS:8729306 \* CSID:6192316629 \* DURATION (m添s):03-06

App. No. 10/716,802 Amdt. Dated December 29, 2004 Reply to Office Action of October 5, 2004 Atty, Dkt. No. 8591-111

## Joint Inventors and Patentability under 35 U.S.C. § 103(a)

The subject matter of the various claims were commonly owned at the time and inventions covered therein were made.

Allowed independent claims 19, 24, and 29 along with their newly added dependent claims 20-23, 25-28, and 30-33 are in a condition for immediate allowance, action to that end being earnestly requested.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: 12-29-2004

DUCKOR SPRADLING METZGER & WYNNE A Law Corporation 401 West A Street, Suite 2400 San Diego, California 92101-7915

Telephone No.: 619.231.3666 Facsimile No.: 619.231.6629

Email Address: kleinke@dsmwlaw.com

Bernard L. Kleinke Attorney for Applicant Registration No. 22,123

## PATENT APPLICATION FEE DETERMINATION RECORD 10716802 Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN SMALL ENTITY (Column 2) TYPE [ (Column 1) OR **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE BASIC FEE 385.00 770.00 NUMBER EXTRA **FOR** NUMBER FILED TOTAL CHARGEABLE CLAIMS minus 20≥ X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY **SMALL ENTITY** OR (Column 1) (Column\_2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL PREVIOUSLY AFTER **EXTRA** AMENDMENT FEE FEE **AMENDMENT** PAID FOR Minus X\$18= Total X\$ 9= OR Independent Minus **196**00 X43≃ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE **AMENDMENT** AFTER' PREVIOUSLY EXTRA **AMENDMENT** PAID FOR FEE FEE Minus Total X\$18= X\$ 9= OR independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR "If th "High st Number Pr viously Paid For IN THIS SPACE is less than 20, nter 20." ADDIT, FEE ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number